

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-weight: bold;">10/625165</div>		Filing Date	
				Applicant(s)			
6-30-04				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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50							
Total Indep			2				
Total Depend			0				
Total Claims			2				

10/625165

Filing Date

**Applicant(s)**

6-30-04

\* May be used for additional claims or amendments